

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

**JAMES E. JONES, M.D.**

Holder of License No. 5349  
For the Practice of Allopathic Medicine  
In the State of Arizona

Case No. MD-07-0283A

**CONSENT AGREEMENT FOR  
LETTER OF REPRIMAND**

**CONSENT AGREEMENT**

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and James E. Jones, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver,

1 express or implied, of the Board's statutory authority or jurisdiction regarding any other  
2 pending or future investigation, action or proceeding. The acceptance of this Consent  
3 Agreement does not preclude any other agency, subdivision or officer of this State from  
4 instituting other civil or criminal proceedings with respect to the conduct that is the subject  
5 of this Consent Agreement.

6 6. All admissions made by Respondent are solely for final disposition of this  
7 matter and any subsequent related administrative proceedings or civil litigation involving  
8 the Board and Respondent. Therefore, said admissions by Respondent are not intended  
9 or made for any other use, such as in the context of another state or federal government  
10 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or  
11 any other state or federal court.

12 7. Upon signing this agreement, and returning this document (or a copy thereof) to  
13 the Board's Executive Director, Respondent may not revoke the acceptance of the  
14 Consent Agreement. Respondent may not make any modifications to the document. Any  
15 modifications to this original document are ineffective and void unless mutually approved  
16 by the parties.

17 8. If the Board does not adopt this Consent Agreement, Respondent will not  
18 assert as a defense that the Board's consideration of this Consent Agreement constitutes  
19 bias, prejudice, prejudgment or other similar defense.

20 9. This Consent Agreement, once approved and signed, is a public record that will  
21 be publicly disseminated as a formal action of the Board and will be reported to the  
22 National Practitioner Data Bank and to the Arizona Medical Board's website.

23 10. If any part of the Consent Agreement is later declared void or otherwise  
24 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force  
25 and effect.

1        11. Any violation of this Consent Agreement constitutes unprofessional conduct  
2 and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order,  
3 probation, consent agreement or stipulation issued or entered into by the board or its  
4 executive director under this chapter") and 32-1451.

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8   
9 JAMES E. JONES, M.D.

DATED: 2-16-07

**FINDINGS OF FACT**

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 5349 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-07-0283A after receiving notification of a malpractice settlement involving Respondent's care and treatment of a seventy-one year-old male patient ("HT").

4. On March 27, 2003, HT presented for revision of right total hip arthroplasty. Respondent was the anesthesiologist for the procedure. HT had a past medical history of prior hip surgeries, hypertension, angina, valley fever, idiopathic thrombocytopenia and peptic ulcer disease. Respondent administered a spinal anesthetic to HT during the hip arthroplasty. There was no documentation in the anesthetic record of preoperative laboratories, including an electrocardiogram and chest x-ray or a list of HT's medications, past anesthesia and surgery history, preoperative volume status and history of low platelets and peptic ulcer disease. During the procedure, HT became hypotensive and Respondent administered ephedrine, phenylephrine, midazolam and Propofol for sedation. However, HT's blood pressure remained significantly low throughout the procedure. Respondent did not assess the causes or etiologies of HT's hypotension and he did not document his treatment of HT, including medications administered for treatment and intravenous fluids administered to normalize HT's blood pressure, whether he placed HT in the Trendelenberg position to increase return of blood to the heart or whether he intraoperatively monitored HT's volume status.

5. Following surgery, HT complained of pain after the spinal anesthetic had worn off. HT was transferred to the Post Anesthesia Care Unit where his blood pressure

1 continued to be significantly low despite administration of fluids, pain medication and  
2 medication to increase blood pressure. HT's oxygenation also dropped intermittently to low  
3 levels despite receiving continued oxygen.

4 6. HT was transferred to the Special Care Unit and subsequently developed left  
5 sided weakness and was lethargic. A neurologic evaluation and testing revealed that HT  
6 suffered a stroke and hypoxic encephalopathy. HT subsequently died on April 11, 2003.

7 7. The standard of care requires a physician to aggressively treat a patient's  
8 hypotension after placing a spinal anesthetic, which includes assessing the causes or  
9 etiologies of the hypotension, administering medication for treatment and intravenous  
10 fluids to normalize the patient's blood pressure and placing the patient in the  
11 Trendelenberg position to increase return of blood to the heart. The standard of care  
12 requires a physician to fully appreciate the volume status of a patient preoperatively and  
13 intraoperatively.

14 8. Respondent deviated from the standard of care because he did not  
15 aggressively treat HT's hypotension after placement of a spinal anesthetic, including  
16 assessing the causes or etiologies of HT's hypotension, administering medication for  
17 treatment and intravenous fluids to normalize the HT's blood pressure and placing HT in  
18 the Trendelenberg position to increase return of blood to the heart. Respondent did not  
19 fully appreciate the volume status of HT preoperatively and intraoperatively.

20 9. Respondent's inadequate administration of intravenous fluids to HT prior to  
21 the spinal anesthetic and his inadequate treatment of HT's hypotension contributed to HT's  
22 severe hypotension that may have produced cerebral ischemia and hypoxia.

23 10. A physician is required to maintain adequate legible medical records  
24 containing, at a minimum, sufficient information to identify the patient, support the  
25 diagnosis, justify the treatment, accurately document the results, indicate advice and

1 cautionary warnings provided to the patient and provide sufficient information for another  
2 practitioner to assume continuity of the patient's care at any point in the course of  
3 treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because there  
4 was no documentation of preoperative laboratories, a list of HT's medications, past  
5 anesthesia and surgery history, preoperative and intraoperative volume status, HT's  
6 history of low platelets and peptic ulcer disease and no documentation of his treatment of  
7 HT's hypotension.

#### 8 CONCLUSIONS OF LAW

9 1. The Board possesses jurisdiction over the subject matter hereof and over  
10 Respondent.

11 2. The conduct and circumstances described above constitute unprofessional  
12 conduct pursuant to A.R.S. § 32-1401(27)(e) ("[f]ailing or refusing to maintain adequate  
13 records on a patient."), A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might  
14 be harmful or dangerous to the health of the patient or the public.") and A.R.S. § 32-1401  
15 (27)(II) ("[c]onduct that the board determines is gross negligence, repeated negligence or  
16 negligence resulting in harm to or the death of a patient.").

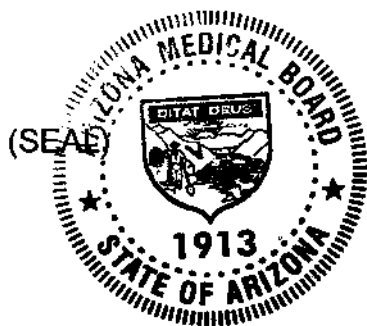
#### 17 ORDER

18 IT IS HEREBY ORDERED THAT:

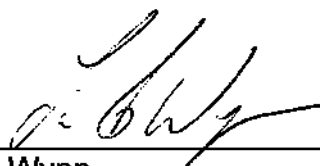
19 1. Respondent is issued a Letter of Reprimand for failure to aggressively treat a  
20 patient's hypotension after placement of a spinal anesthetic, for failure to appreciate the  
21 patient's volume status and for failure to maintain adequate records.

22 2. This Order is the final disposition of case number MD-07-0283A.

23 DATED AND EFFECTIVE this 3<sup>rd</sup> day of April, 2008.  
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ARIZONA MEDICAL BOARD

By   
Lisa Wynn  
Executive Director

6 ORIGINAL of the foregoing filed  
7 this 30 day of April, 2008 with:

8 Arizona Medical Board  
9 9545 E. Doubletree Ranch Road  
10 Scottsdale, AZ 85258

11 EXECUTED COPY of the foregoing mailed  
12 this 30 day of April, 2008 to:

13 James E. Jones, M.D.  
14 Address of Record

15   
16 Investigational Review  
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